

2016 VFC Requirements and Recommendations Overview

Kansas Immunization Program

| VFC Requirements | Summary |
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| Clinic Key Staff | <p>Clinic key staff include the Medical Director or equivalent who signed the Provider Agreement, VFC Primary Coordinator and Backup Coordinator.</p> <ul style="list-style-type: none"> VFC staff names and contact information must be communicated to the Kansas Immunization Program by completing the steps in the KSWebIZ “Change of Information” link in the report section. At a minimum, the Primary and Backup Coordinator must undergo annual program training offered by CDC “You Call the Shots”, <i>VFC Requirements and Storage and Handling</i> learning modules. The certificate of completion must be uploaded to the IV 4 system to meet this requirement. Understand KIP Policies and Procedures for vaccine management including but, not limited to: vaccine ordering, requesting return labels, vaccine storage and handling, inventory control and downloading data logger or other temperature monitoring device. |
| Annual Recertification Enrollment | <ul style="list-style-type: none"> Update provider demographics, profile and contacts in IV 4. VFC Provider Agreement authorized by signing physician’s electronic signature. Maintain VFC Compliance per signed agreement. Upload primary and backup contacts training certificates. Provider must maintain a current list of providers ordering vaccines and provider of record in IV 4. |
| Eligibility | <ul style="list-style-type: none"> Possess a working knowledge of ALL vaccine funding sources. Use the criteria to screen children prior to administering vaccines. Document eligibility status at each immunization visit and on keep file for up to 3 years after the date of visit. Eligibility status must be readily available to staff administering vaccine prior to selecting which vaccine stock to use. Ensure that children receive the proper funded vaccine. (VFC, CHIP, 317, PRIVATE). |
| Administration | <ul style="list-style-type: none"> Must offer all ACIP-recommended vaccines for the populations served. |
| Storage units | <ul style="list-style-type: none"> Pharmaceutical grade stand-alone or combination units. (Recommended) Household/commercial stand-alone units. Household/commercial combination units using the refrigerator section only. |
| Documentation | <ul style="list-style-type: none"> Maintain immunization records in accordance with federal law. <ul style="list-style-type: none"> Name of vaccine Date administered Date VIS was given and Publication date of VIS Name of manufacturer Lot number Name and title of person who administered the vaccine Address of clinic where vaccine was administered. Develop, maintain and implement plans for routine and emergency vaccine management. At a minimum, plans must be reviewed and/or updated annually or more frequently if changes occur. A “review date” and signature is required on all plans in order to verify that they are current. Distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). For a list of current VIS visit: http://www.cdc.gov/vaccines/hcp/vis/ VFC documents must be kept on file up to 3 years such as but not limited to; temp. Logs, vaccine orders and packing Slips, funding source documentation for each immunization encounter and billing records, annual enrollment agreements, provider profiles, trainings and policies and procedures. |

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| Billing | <ul style="list-style-type: none"> • Must adhere to proper billing practices for vaccine administration fees. • Vaccine administration fee for non-Medicaid, VFC eligible children must not exceed maximum \$20.26 per dose (CMS Kansas fee cap). Billing should never occur for the cost of VFC vaccine or other public funded vaccine. • VFC-eligible children must not be denied vaccine based on the patient's inability to pay the vaccine administration fee. |
| Vaccine Order | <ul style="list-style-type: none"> • Submit orders the 1st- 7th day of the month. • Providers ordering > 500 doses in the previous 6 months may place an additional order 10 days after the first order was approved by KIP. • Meet the following validations prior to placing a vaccine order: <ul style="list-style-type: none"> • Reconciliation reports must be closed within past 7 days. • Temperature logs submitted in past 7 days. • No pending orders in on hand inventory. • Vaccine orders must be consistent with provider's profile in IV4. |
| Inventory | <ul style="list-style-type: none"> • VFC and non-VFC vaccine inventories must be clearly differentiated (VFC, CHIP, 317, State, Private). • Maintain adequate inventory of vaccine for VFC and non VFC eligible patients. • Borrowing of vaccine between different funding sources must be a rare, unplanned occurrence. • VFC vaccine cannot be used as a replacement system for privately purchased or other public funded vaccine inventory. • All instances of borrowing must be properly documented and replaced on the borrowing form for HL7 providers or within KSWebIZ for direct entry providers. • Direct entry users must verify the funding source in the demographic screen prior to documenting an administered dose in KSWebIZ. |
| Fraud and Abuse | <ul style="list-style-type: none"> • Provider agrees to operate in a manner intended to avoid fraud and abuse. <ul style="list-style-type: none"> • Fraud- intentional deception or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to the practice, person or facility. • Abuse - practice that is inconsistent with sound fiscal, business, or medical practice which results in unnecessary costs to the KIP, VFC or Medicaid Programs or families served. |
| Vaccine Transfers | <ul style="list-style-type: none"> • Vaccine may only be transferred to another actively enrolled VFC Provider. • Transferred in a qualified pack out container with a data logger. • Notify regional nurse consultant to transport vaccine that have been identified to be transported one hour or more to another VFC Provider. |
| Digital Data Loggers (Recommended-Required in 2018) | <ul style="list-style-type: none"> • Active temperature display with continuous temperature monitoring and recording capabilities that is routinely downloaded. • Detachable buffered probe in one of the following materials: <ul style="list-style-type: none"> • Vial filled with liquid(e.g. glycol, ethanol, glycerin) • Vail filled with loose media (e.g. sand. Glass beads) • Solid block of material (e.g. Teflon®, aluminum) • Alarm for out- of -range temperatures • Current, minimum and maximum temperatures • Low battery indicator • Accuracy of +/-1 °F (0.5 °C) • Memory stores at least 4,000 readings • Programmable temperature reading rate <p>Note: Primary thermometers that are not dataloggers must be transitioned to dataloggers as the current certificates expire but, no later than 1/1/2018.</p> |